EPI-LOG

Communicable Disease and Epidemiology News
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The National Smallpox Vaccination Program Unveiled

On December 13th, the National Smallpox Vaccination Plan (NSVP) was officially announced. Stage one of the NSVP may begin as early as January, 2003, and calls for selected acute care hospital and public health workers to be voluntarily vaccinated in order to form Smallpox Health Care Response Teams. These teams will provide hospital care for the first suspected or confirmed smallpox cases and conduct public health disease control activities. Vaccinating and training teams of health care and public health workers, and designating them to perform specific roles in response to the first smallpox cases will allow a more effective response in the unlikely event of a smallpox outbreak. The US military will also begin using the smallpox vaccine in stage one.

Stage two will include voluntary vaccination of additional health care workers, and other public safety workers and emergency responders including police, firefighters, and EMS personnel.

Stage three of the plan includes making smallpox vaccine available to the general public on a voluntary basis. The US Department of Health and Human Services (HHS) is determining how to make unlicensed vaccine available to adult members of the general public (without medical contraindications) who insist on being vaccinated in 2003. A licensed vaccine is expected to be available in 2004. **Because the risk of smallpox occurring is low and because the smallpox vaccine has serious side effects, including death, smallpox vaccine is not recommended or available for the general public at this time.**

Public Health is currently working on stage one planning and implementation with King County hospitals in collaboration with the Washington State Department of Health. **Health care workers interested in volunteering for hospital-based smallpox health care teams should contact their hospital administration, emergency management office, or infection control team.**

Because vaccination of certain members of the community will begin shortly, there is a potential for all primary care health care providers to see patients either seeking advice about whether to receive the smallpox vaccine, or who are suffering from adverse effects of smallpox vaccination. Health care providers are encouraged to become familiar with contraindications to smallpox vaccination, and the recognition and management of side effects and adverse reactions to smallpox vaccination.

Information About Smallpox Vaccine (Vaccinia)

Smallpox vaccine is made from Vaccinia virus, which is closely related to the smallpox virus (Variola) and provides the best available protection from smallpox infection. However, smallpox vaccine can cause serious side effects, including death. For that reason, persons receiving the vaccine must be carefully screened to avoid complications. People who have received smallpox vaccine in the past without complications, and who are currently healthy, have a lower risk for serious side effects, and are the best candidates for voluntary smallpox vaccination at this time.

Individuals who have any of the following conditions, or who live with someone who does, should not get the smallpox vaccination unless they are exposed to smallpox:

- Eczema or atopic dermatitis (currently or in the past). In addition, people with skin conditions such as burns, varicella, zoster, impetigo, herpes, severe acne, or psoriasis should not get the vaccine until they have completely healed.
- Weakened immune system including cancer treatment, an organ transplant, HIV, or medications to treat autoimmune disorders (and other illnesses) that can weaken the immune system.
- Pregnancy or plans to become pregnant within one month of vaccination.

In addition, individuals should not get the smallpox vaccine if they:

- Are allergic to the vaccine or any of its ingredients.
- Are younger than 12 months of age. The Advisory Committee on Immunization Practices (ACIP) advises against non-emergency use of smallpox vaccine in children younger than 18 years of age.
- Have a moderate or severe short-term illness. These people should wait until they are completely recovered to get the vaccine.
- Are currently breastfeeding.

Smallpox Vaccine Side Effects

Most people experience reactions that include a sore arm, fever, and body aches. These side effects are usually not serious. In recent tests, one in three people felt bad enough to miss work, school, or recreational activity, or had trouble sleeping after receiving the vaccine. In the past, about 1,000 people for every 1 million people vaccinated for the first time experienced reactions that, while not life-threatening, were serious.

Severe reactions to the vaccine are less common. In the past, between 14 and 52 people per 1 million vaccinated experienced potentially life-threatening reactions, including eczema vaccinatum, progressive vaccinia (or vaccinia necrosum), or postvaccinal encephalitis. Based on past experience, it is estimated that between 1 and 2 people out

of every 1 million people vaccinated will die as a result of reactions to the vaccine. **Because of the increased number of persons with illnesses or medications causing immunocompromise, adverse reactions after smallpox vaccination may be more frequent today. Careful screening of potential vaccine recipients is essential to ensure that those at increased risk do not receive the vaccine.**

Additional information about the NSVP is available at the CDC website:
http://www.bt.cdc.gov/agent/smallpox/index.asp

Additional information for the general public is available from CDCs FAQ on Smallpox and Smallpox Vaccine:
http://www.bt.cdc.gov/agent/smallpox/overview/faq.asp

Detailed information for health care providers on smallpox vaccine and all things smallpox is available at:
http://www.bt.cdc.gov/agent/smallpox/reference/resource-kit.asp

CDC's Epidemiology & Vaccine-Preventable Diseases Course 2003

Mark your calendars for CDC's live four-part satellite course, ***Epidemiology and Prevention of Vaccine-Preventable Diseases***, scheduled for **February 13, 20, 27, and March 6, 2003**. The course is being co-sponsored by the Region X Public Health Service and will be held at the Blanchard Plaza Building, at 6th and Blanchard in downtown Seattle. Each interactive broadcast will run from 9:00 AM to 12:30 PM.

The primary focus of the sessions will be to provide up-to-date information on: vaccine-preventable diseases, vaccine management and safety, and recommended immunization practices.

Health care providers who give immunizations, or set immunization policy for their offices or clinics are encouraged to attend. CME/CEUs will be awarded to course participants who complete the training. The course fee is **$20.00** (please contact us if payment is not possible).

Registration information will be available on Public Health's immunization website by mid-January at:
http://www.metrokc.gov/health/immunization/providers.htm#training. If you have additional questions about this course, please contact Tiffany Acayan at (206) 205-5812 or tiffany.acayan@metrokc.gov.

Updated NIH Hepatitis C Consensus Statement

In August 2002 the National Institutes of Health (NIH) issued a consensus statement on the Management of Hepatitis C, updating the 1997 NIH Consensus Statement. Some highlights of the 2002 consensus statement are:

- 10 to15% of person with HVC infection will develop cirrhosis, a slight decrease from the previous estimate of 15 to 20%.
- Because of improvements in sensitivity and specificity, third generation EIA tests can be used to diagnose hepatitis C in a person who has known liver disease, particularly in the presence of known risk factors for hepatitis C.
- For persons without evidence of liver disease or obvious hepatitis C risk factors, a positive EIA test should still be confirmed by a qualitative HCV RNA.
- The immunoblot assay, or RIBA is still useful as a supplemental assay for persons screened in non-clinical settings, and in persons with a positive EIA who test negative for HCV RNA.
- Treatment for HCV infection should be considered on a case-by-case basis for persons who use injection drugs, abuse alcohol, or have co-morbid conditions such as HIV.

The entire consensus statement is available at http://consensus.nih.gov. If you have questions regarding HCV infection, please contact Sandra Randels at (206) 205-5808 or sandra.randels@metrokc.gov.

Disease Reporting

AIDS/HIV ..... (206) 296-4645
STDs..... (206) 731-3954
TB ..... (206) 731-4579
Other Communicable Diseases..... (206) 296-4774
Automated 24-hr reporting line for conditions not immediately notifiable ..... (206) 296-4782

Hotlines:

Communicable Disease. ..... (206) 296-4949
HIV/STD ..... (206) 205-STDS

***EPI-LOG* Online (including past issues):**
www.metrokc.gov/health/providers

Reported Cases of Selected Diseases, Seattle & King County 2002

	Cases Reported in November		Cases Reported Through November	
	2002	2001	2002	2001
AIDS	18	29	255	290
Campylobacteriosis	22	34	284	298
Cryptosporidiosis	7	4	28	26
Chlamydial infections	341	341	4036	3948
Enterohemorrhagic *E. coli* (non-O157)	0	1	0	4
***E. coli* O157: H7**	4	2	27	31
Giardiasis	15	7	166	139
Gonorrhea	128	107	1334	1444
***Haemophilus influenzae* (cases <6 years of age)**	0	0	0	0
Hepatitis A	0	5	28	25
Hepatitis B (acute)	3	3	30	31
Hepatitis B (chronic)	65	48	522	583
Hepatitis C (acute)	0	0	12	9
Hepatitis C (chronic, confirmed/probable)	107	124	1335	1315
Hepatitis C (chronic, possible)	46	53	439	508
Herpes, genital (primary)	55	37	611	637
Measles	0	0	0	12
Meningococcal Disease	1	2	17	11
Mumps	0	0	0	1
Pertussis	22	5	138	39
Rubella	0	0	2	0
Rubella, congenital	0	0	0	0
Salmonellosis	18	23	196	247
Shigellosis	11	9	72	106
Syphilis	1	9	37	56
Syphilis, congenital	0	0	0	0
Syphilis, late	2	7	33	43
Tuberculosis	15	14	114	118

The *Epi-Log* is available in alternate formats upon request.